

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/049296
APPLICANT(S)

FILING DATE

AS FILED		CLAIMS			
	DEP.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.
1	/	/			
2	/	/			
3	2	/			
4	0	/			
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

TOTAL IND. 2
TAL SP. 15
TAL IND. 17
2 14 3 26 29

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS